

# LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

177

Lobbyist's Registration Number

## Instructions

- Print in ink or type.
- Complete form and return with \$110 registration fee to the Board of Ethics, 2415 Quail Dr., 3<sup>rd</sup> Floor, Baton Rouge, LA 70808 (225) 863-8777 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME Taylor Robert T.  
Last First MI

2. BUSINESS PHONE (225) 387-3282  
Area Code and Phone Number

3. BUSINESS ADDRESS 5555 Bankers Avenue Baton Rouge LA 70808  
Street and No. City State Zip

MAILING ADDRESS P. O. Box 2871 Baton Rouge LA 70821-2871  
Street and No. City State Zip

4. EMPLOYER Louisiana Bankers Association

5. EMPLOYER'S ADDRESS SAME AS ABOVE  
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name Louisiana Bankers Association

Address P. O. Box 2871, Baton Rouge, LA 70821

Business or purpose Trade Association for banks in Louisiana

Does this person pay you? Yes

If No, who pays you? \_\_\_\_\_

## FOR OFFICE USE ONLY

Postmark Date: 1-31-07

Renewal  
1/31/07  
\$110  
wmi

ETHICS ADMINISTRATION  
CAMPAIGN FINANCE  
RECEIVED

FEB - 2 PM 1:50

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# LOBBYING REGISTRATION FORM

|                                |
|--------------------------------|
| 177                            |
| Lobbyist's Registration Number |

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

4. Name \_\_\_\_\_

Address \_\_\_\_\_

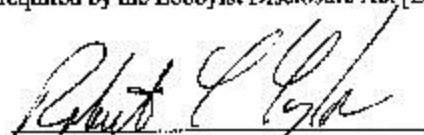
Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

  
Signature of Lobbyist

